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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	10/735,198
Filing Date	12/12/2003
First Named Inventor	Joshua D. Rabinowitz
Art Unit	1614
Examiner Name	
Attorney Docket Number	00030.03CON

To: Commissioner for P.O. Box 1450 Alexandria, VA 223							
I hereby apply to withdraw as attorney or agent for the above identified patent application.							
The reasons for this request are:							
This request is being made for the reason that the Assignee no longer retains the attorney of record as an employee, The Assignee is currently handling their own patent prosecution.							
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CORRESPONDENCE ADDRESS							
1. The correspondence address is NOT affected by this withdrawal.							
2. X Change the correspondence address and direct all future correspondence to:							
Customer Number							
Firm or Individual Name	IP Department (Alexza MDC)						
Address	1001 East Meadow Circle						
Address							
City	Paio Alto	State	CA	ZIP	94303		
Country							
Telephone		Fax					
This request is made on behalf of myself and all the attorneys/agents of record, the attorneys/agents (with registration numbers) listed on the attached paper(s), or the attorneys/agents associated with Customer Number							
This request is enclosed in tripilcate (including any attachments).							
Name Elaine	G. Stracker		o. N. I.	12166			
Signature 9/a	un Street	Registra	tion No.	13,166			
Date DEC.	1 3 2004						

NOTE: Withdrawal is affective when approved rather than when received. Unless there are at least 30 days between approved of withdrawal and the expiration date of a time period for response or possible extension period, the request to approved of withdrawal and the expiration date of a time period for response or possible extension period, the request to the request to the second of the request to the receiver of the request to complete, including processes and submitting the demandation from the the USFTO Interview the request to the reque